2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N05000006174

Entity Name: LIONS EYE INSTITUTE FOR TRANSPLANT & RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1410 21ST STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1410 21ST STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 01-0843838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTALDI, RONALD A
101 E KENNEDY BLVD SUITE 3400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HENDERSON, EDWARD C
Address: 5936 17TH STREET NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D (X) Delete
Name: GRIFFIN, DON
Address: 21127 LAKE VIENNA DR
City-St-Zip: LAND O LAKES, FL 346398314

Title: D ( ) Delete
Name: GALLAGHER, JAMES
Address: 8606 PAXTON DR
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: WALTON, CATHERINE V
Address: 4339 WHITTNER DR
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C. HENDERSON D 01/05/2006

Electronic Signature of Signing Officer or Director — Date